

ALLOWANCE HOT LIST

Appl. No. 10/058418
Examiner-TC _____

Prepared by P. Z.
Date 1-10-05

JACKET:

YES **NO** Primary Examiner box complete.
 YES **NO** Issuing Classification complete.

PTO-892/1449:

YES **NO** Examiner's initials or cross-through lines supplied for each item cited by applicant.
 YES **NO** Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC:

YES **NO** Brief Description of Drawings includes description of each figure in drawings.
 YES **NO** Continuing data is mentioned in 1st paragraph. (Can be an insert.)

CLAIMS:

YES **NO** Claims listed on Notice of Allowability match allowed claims and/or index of claims.
 YES **NO** Claims correctly numbered in index.
 (No duplicate or missing claim numbers.)
 (No incorrect dependencies.)

CRFE:

YES **NO** If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

YES **NO** Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.